

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA**

In Re:

Julie Anne Welbig,

Bkty. Case No: 15-43254

Debtor

NOTICE OF HEARING AND MOTION

TO: THE DEBTORS AND OTHER ENTITIES SPECIFIED IN LOCAL RULE 9013-3:

1. Julie Anne Welbig, the debtor herein, moves the Court for the relief requested below and gives notice of hearing.
2. The Court will hold a hearing on this motion on July 20, 2017 at 10:30 a.m. at the United States Bankruptcy Court, Courtroom 8 West, 8th Floor, 300 S 4th Street, Minneapolis, Minnesota 55415.
3. Any response to this motion must be filed and delivered not later than July 15, 2017 which is five (5) days before the time set for the hearing (including Saturdays, Sundays and legal holidays). UNLESS A RESPONSE OPPOSING THE MOTION IS TIMELY FILED, THE COURT MAY GRANT THE MOTION WITHOUT A HEARING.
4. The Court has jurisdiction over this motion pursuant to 28 USC §§ 157 and 1334, Bankruptcy Rule 5005 and Local Rule 1070-1. This proceeding is a core proceeding. The petition commencing this Chapter 13 case was filed on September 17, 2015. The debtor's plan was confirmed on December 21, 2015.
5. This motion arises under 11 USC § 1329, Bankruptcy Rule 9029 and Local Rule 3019-2. This motion is filed under Bankruptcy Rule 9014 and Local Rules 9013, 9006, 5005, and 9017. The debtor requests the Court's Order for confirmation of a post-confirmation

modified plan that will allow for plan payments of \$700.00 per month, beginning June, 2017 for 36 months, then \$1,089.00 per month for 4 months, with no arrears to exist on the plan as of June, 2017.

WHEREFORE, the debtor moves the Court for an Order to confirm the plan, as modified, and such other and further relief as may be just and equitable.

Dated: June 14, 2017

KAIN & SCOTT, P.A.

/e/ MARGARET R. HENEHAN-0395419
Attorney for Debtor
13 Seventh Avenue South
St. Cloud, Minnesota 56301
(320) 252-0330

Fill in this information to identify your case:

Debtor 1	Julie Anne Welbig		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: DISTRICT OF MINNESOTA			
Case number (if known)	15-43254		

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	\$ 170,000.00
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 170,000.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 209,377.00
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 379,377.00

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$ 156,362.00
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 156,362.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$ 388.00
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ 388.00
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$ 131,604.10
		Your total liabilities \$ 288,354.10

Part 3: Summarize Your Income and Expenses

4.	Schedule I: Your Income (Official Form 106I)	4,390.00
	Copy your combined monthly income from line 12 of <i>Schedule I</i>	7,485.00
		7,030.00
5.	Schedule J: Your Expenses (Official Form 106J)	3,690.00
	Copy your monthly expenses from line 22c of <i>Schedule J</i>	2,048.00
		5,070.00

Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

7. **What kind of debt do you have?**

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Debtor 1 Julie Anne Welbig

Case number (if known) 15-43254

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 9,160.04

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>388.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	\$ <u>0.00</u>
9g. Total. Add lines 9a through 9f.	\$ <u>388.00</u>

Fill in this information to identify your case:

Debtor 1	<u>Julie Anne Welbig</u>
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	<u>DISTRICT OF MINNESOTA</u>
Case number (If known)	<u>15-43254</u>

Check if this is:

An amended filing
 A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

12/13

Official Form B 6I

Schedule I: Your Income

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

Employed
 Not employed

Debtor 2 or non-filing spouse

Employed
 Not employed

Drywall-Taper

Unemployed

Drywall Taper

Diamond Drywall

Diamond Drywall

278 Dunbar Way

St. Paul, MN 55115

278 Dunbar Way

Saint Paul, MN 55115

Occupation

Transfusion Safety Officer

Employer's name

Fairview

Employer's address

2450 Riverside Ave South
Minneapolis, MN 55454

How long employed there?

4 Years

4 years

4 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse						
		<u>0.00</u>						
		<u>5,314.00</u>						
		<u>0.00</u>						
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>8,100.00</u>	\$ <u>4,100.00</u>						
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>						
4. Calculate gross income. Add line 2 + line 3.	4. <table border="1"><tr><td><u>8,100.00</u></td></tr><tr><td><u>7,700.00</u></td></tr></table>	<u>8,100.00</u>	<u>7,700.00</u>	<table border="1"><tr><td><u>0.00</u></td></tr><tr><td><u>5,314.00</u></td></tr><tr><td><u>0.00</u></td></tr><tr><td><u>4,100.00</u></td></tr></table>	<u>0.00</u>	<u>5,314.00</u>	<u>0.00</u>	<u>4,100.00</u>
<u>8,100.00</u>								
<u>7,700.00</u>								
<u>0.00</u>								
<u>5,314.00</u>								
<u>0.00</u>								
<u>4,100.00</u>								

Debtor 1 <u>Julie Anne Welbig</u>	Case number (if known)	<u>15-43254</u>
	For Debtor 1	For Debtor 2 or non-filing spouse
	\$ 0.00	\$ 0.00
	\$ 5,314.00	\$ 0.00
Copy line 4 here	4. \$ 8,100.00	\$ 7,700.00
	\$ 0.00	\$ 4,100.00
5. List all payroll deductions:		\$ 0.00
		\$ 1,662.00
		\$ 0.00
5a. Tax, Medicare, and Social Security deductions	5a. \$ 2,325.00	\$ 1,324.00
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
	\$ 641.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 458.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 389.00	\$ 0.00
	\$ 276.00	\$ 0.00
5e. Insurance	5e. \$ 56.00	\$ 0.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
	\$ 0.00	\$ 340.00
5g. Union dues	5g. \$ 0.00	\$ 139.00
5h. Other deductions. Specify: <u>Parking</u>	5h. + \$ 79.00	+ \$ 0.00
	\$ 0.00	\$ 2,002.00
		\$ 3,527.00
		\$ 0.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 3,307.00	\$ 1,463.00
	\$ 0.00	\$ 0.00
	\$ 4,390.00	\$ 3,312.00
	\$ 4,173.00	\$ 0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 4,393.00	\$ 2,637.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm		
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive		
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive		
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	8f. \$ 0.00	\$ 0.00
Specify:		
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify:	8h. + \$ 0.00	+ \$ 0.00
	\$ 0.00	\$ 2,064.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ 0.00
	\$ 0.00	\$ 2,064.00
	\$ 0.00	\$ 0.00

Debtor 1 Julie Anne Welbig

Case number (if known)

15-43254

10. **Calculate monthly income.** Add line 7 + line 9.

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

10.	\$ <u>4,390.00</u>	\$ <u>3,312.00</u>	\$ <u>4,390.00</u>
	<u>4,173.00</u>	<u>2,064.00</u>	<u>7,485.00</u>
	<u>4,393.00</u>	<u>2,637.00</u>	<u>6,457.00</u>
			= \$ <u>7,030.00</u>

11. **State all other regular contributions to the expenses that you list in Schedule J.**

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.
Specify: _____

11. +\$ 0.00

12. **Add the amount in the last column of line 10 to the amount in line 11.** The result is the combined monthly income.

Write that amount on the *Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data*, if it applies

12. \$ 7,030.00

Combined
monthly income

13. **Do you expect an increase or decrease within the year after you file this form?**

No.



Yes. Explain: 403(B) Loan is \$389.00 per month going from May 2015 for five years.

Fill in this information to identify your case:

Debtor 1	Julie Anne Welbig
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	DISTRICT OF MINNESOTA
Case number (If known)	15-43254

Check if this is:

An amended filing
 A supplement showing post-petition chapter 13 expenses as of the following date:
MM / DD / YYYY
 A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? No

Do not list Debtor 1 and Yes. Fill out this information for each dependent.....
Debtor 2.
Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
		<input type="checkbox"/> No
		<input type="checkbox"/> Yes
		<input type="checkbox"/> No
		<input type="checkbox"/> Yes
		<input type="checkbox"/> No
		<input type="checkbox"/> Yes
		<input type="checkbox"/> No
		<input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 6I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **1,037.00**

If not included in line 4:

4a. Real estate taxes
4b. Property, homeowner's, or renter's insurance
4c. Home maintenance, repair, and upkeep expenses
4d. Homeowner's association or condominium dues
5. Additional mortgage payments for your residence, such as home equity loans

4a. \$	183.00
4b. \$	250.00
4c. \$	160.00
4d. \$	0.00
5. \$	0.00

Debtor 1 Julie Anne Welbig

Case number (if known) 15-43254

6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ <u>240.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>75.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>260.00</u>
6d. Other. Specify: _____	6d. \$ <u>310.00</u>
7. Food and housekeeping supplies	<u>0.00</u>
8. Childcare and children's education costs	<u>400.00</u>
9. Clothing, laundry, and dry cleaning	<u>650.00</u>
10. Personal care products and services	<u>0.00</u>
11. Medical and dental expenses	<u>60.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	<u>140.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	<u>100.00</u>
14. Charitable contributions and religious donations	<u>260.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	<u>200.00</u>
15a. Life insurance	<u>450.00</u>
15b. Health insurance	<u>650.00</u>
15c. Vehicle insurance	<u>0.00</u>
15d. Other insurance. Specify: _____	<u>80.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	<u>0.00</u>
17. Installment or lease payments:	<u>495.00</u>
17a. Car payments for Vehicle 1	<u>0.00</u>
17b. Car payments for Vehicle 2	<u>0.00</u>
17c. Other. Specify: Husband's Credit Card and Tax Payments	<u>600.00</u>
17d. Other. Specify: _____	<u>0.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6l).	<u>0.00</u>
19. Other payments you make to support others who do not live with you. Specify: _____	<u>0.00</u>
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	<u>0.00</u>
20a. Mortgages on other property	<u>0.00</u>
20b. Real estate taxes	<u>0.00</u>
20c. Property, homeowner's, or renter's insurance	<u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	<u>0.00</u>
20e. Homeowner's association or condominium dues	<u>0.00</u>
21. Other: Specify: Continuing Education (\$30) Pet Expenses (\$40)	<u>70.00</u>
	<u>30.00</u>
22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	<u>3,690.00</u>
	<u>5,437.00</u>
	<u>5,030.00</u>
23. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I.	<u>4,390.00</u>
	<u>7,485.00</u>
	<u>6,457.00</u>
	<u>7,030.00</u>

Debtor 1 Julie Anne Welbig

Case number (if known)

15-43254

23b. Copy your monthly expenses from line 22 above.

3,690.00

5,437.00

23b. -\$

5,030.00

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

700.00

2,048.00

23c. \$

1,427.00

2,000.00

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain:

Debtor and spouse have older vehicles in need of more repairs. Debtor's husband is currently laid-off.

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA**

In Re:

Bkty. Case No: 15-43254

Julie Anne Welbig,

Debtor.

**MEMORANDUM IN SUPPORT OF
DEBTOR'S MOTION FOR POST-
CONFIRMATION MODIFICATION**

FACTS

This Chapter 13 bankruptcy case was filed on September 17, 2015 and confirmed on April 25, 2016. Subsequent to confirmation, debtor filed for divorce which resulted in a change in household income and expenses.

Debtor has the ability to pay \$700.00 per month, beginning June, 2017 for 36 months, then \$1,089.00 per month for 4 months (see thrice Amended Schedules I and J).

ARGUMENT

11 USC §1329(a) permits a debtor to, on motion, at any time after confirmation of a plan and before all plan payments have been made to seek an increase or reduction in the amount of payments on claims of a particular class provided for by the plan, or to extend or reduce the time for such payments.

The debtor respectfully requests the Court's order modifying her plan to allow for plan payments of \$700.00 per month, beginning June, 2017 for 36 months, then \$1,089.00 per month for 4 months, with no arrears to exist on the plan as of June, 2017.

For these reasons, the debtor respectfully requests the Court to confirm the modified plan, as submitted.

Dated: June 14, 2017

KAIN & SCOTT, P.A.

/e/ MARGARET R. HENEHAN-#0395419
Attorney for Debtor
13 Seventh Avenue South
St. Cloud, Minnesota 56301
(320) 252-0330

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA**

In re:

Julie Anne Welbig,
Bky. Case No. 15-43254
Chapter 13

Debtor.

UNSWORN CERTIFICATE OF SERVICE

I, Sonja K. Quaintance, declare under penalty of perjury that on June 15, 2017 she caused to be served the Notice of Hearing and Motion, Memorandum in Support of Debtor's Motion for Post-Confirmation Modification and Modified Chapter 13 Plan via the CM/ECF system to those parties requesting electronic notification and upon all parties in interest at the addresses set forth in the exhibit which is attached hereto, by first class mail.

Dated: June 15, 2017

/e/ Sonja K. Quaintance
Sonja K. Quaintance
Kain & Scott, P.A.

AMERICAN EXPRESS
PO BOX 3001
16 GENERAL WARREN BLVD
MALVERN PA 19355

CITIBANK
CITICORP CREDIT SERVICES/ATTN:
CENTRALIZ
PO BOX 790040
SAINT LOUIS MO 63179

DISCOVER FIN SVCS LLC
PO BOX 15316
WILMINGTON DE 19850

QUICKN LOANS
1050 WOODWARD AVENUE
DETROIT MI 48226

WELLS FARGO
1 HOME CAMPUS X2303-01A
DES MOINES IA 50326

AMERICAN EXPRESS
BOX 0001
LOS ANGELES CA 90096-8000

DISCOVER BANK
C/O USSETT WEINGARDEN & LIEBO
4500 PARK GLEN ROAD, STE 300
ST. LOUIS PARK MN 55416

INTERNAL REVENUE SERVICE
CENTRALIZED INSOLVENCY
PO BOX 7346
PHILADELPHIA PA 19101-7346

SELECT PORTFOLIO SERVICING INC
C/O USSETT WEINGARDEN & LIEBO
4500 PARK GLEN RD, STE 300
ST LOUIS PARK MN 55416

WELLS FARGO
PO BOX 60510
LOS ANGELES CA 90060

CHASE CARD
PO BOX 15298
WILMINGTON DE 19850

DISCOVER BANK/DMI
MAIL STOP 1290
1 CORPORATE DRIVE, STE 360
LAKE ZURICH IL 60047-8945

MN DEPT OF REVENUE
ATTN: DENISE JONES
PO BOX 64447
SAINT PAUL MN 55164

US BANK
CB DISPUTES
SAINT LOUIS MO 63166